EP50 | From Curiosity to Communication with Dr. Lillian Liang Emlet Transcript

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Introduction to SPARC and Healthcare Conflict

[music] If you work in healthcare, you already know this. Conflict [music] is everywhere. In the O, in labor and delivery, in committee meetings, between physicians, nurses, administrators, and teams that are all trying to do the right thing. But here's [music] the problem. Most of us were never trained to handle conflict well. We learned procedures. We learned diagnostics.

[music] But we didn't learn how to navigate the moments when Q professionals strongly disagree. That's why I developed the [music] SPARC framework. Spark stands for stop, pause, ask, don't assume, reflect, and respond, and create a path forward. It's a practical system designed specifically [music] for high stakes healthc care environments through keynote talks, residency workshops, and spark master classes. [music] I teach physicians, nurses, and healthcare teams how to [music] turn destructive conflict into productive conversations that strengthen teams and improve care. If your hospital, residency program, or medical conference is looking for a speaker on conflict, communication, [music] and leadership in healthcare, I'd love to work with you. You can [music] learn more in the show notes because in medicine, conflict is inevitable, but handled well, it can [music] make teams stronger.

Podcast Opening and Guest Introduction

>> [music] >> In every operating room, in every ward, in every clinic and every team meeting, a silent battle bruise, conflict, negotiation, identity. [music] Welcome to the Scalpel and Sword podcast where I, Dr. Lee Chararma, physician and conflict analyst, [music] explore the hidden negotiations beyond modern medicine. Let's trade burnout for boundaries [music] and learn the art of healing with precision and power.

Hello my peaceful warriors and welcome to the scalpel and sword podcast. I am your host Dr. Lee Chararma, physician and conflict analyst. I want to ask you a question. What if the biggest threat to physician well-being isn't burnout, but the way we've been taught to communicate, lead, and adapt under pressure? What if resilience isn't something we build alone, but it's something that organizations grow together and intentionally before things start to break, before conflict becomes disruptive instead of having a chance to be transformative.

I am so excited today to have on the podcast someone who I think is really going to help to illuminate this for us. This is Dr. Lillian Emlet. She's an associate program director of the internal medicine critical care medicine fellowship of the multidisciplinary critical care training program. She teaches by assimulation skills and rapid response team leadership paliotative endof life communication and difficult airway management. She is a vital talk trained faculty member and teaches communication skills to healthcare providers in intensive care and emergency medicine. She is also a certified professional coach and the founder of transforming healthc care coaching which provides coaching services to health care professionals.

Lillian, I'm so glad you're here today. Thank you so much. I'm so excited to be here. So, at what point did you really start to see this intersection between physician well-being and communication and want to start exploring that? You know, I would say probably for the greater part of all of our careers, we accidentally cause trauma in the workplace, right? A lot of times we're not kind to each other and we're certainly not kind to ourselves and we do a lot of accidental communication things that we don't even realize we're doing uh in the time. Fortunately, I think with practice and skills practice in the simulation lab, most from undergraduate medical education all the way through becoming a faculty, there are more increased intentional places for communicating, doing more patient centered interviews, motivational interviewing, end of life communication, empathic skill training. The good thing is there is some threat of that. Maybe not enough or maybe we just need more doses of it. But for me, I think the reality realizing that a lot of times we are unintentionally unkind to each other and ourselves throughout the day.

>> And what led you from that realization to want to become a coach? >> You know, so I think for me what I discovered when I had a coach, this person helped me level up my communication skills. So, believe it or not, I actually was going through a divorce in the middle of the pandemic, and I myself had a mediator trying to help this

conversation along. And I realized at some point all of my empathy skills to communicate with families and surrogates and other colleagues with greater skill in the clinical realm really wasn't serving me. And the mediator, it wasn't working. I got a divorce coach. And the coach helped me understand how to be more centered, to be able to see another person's perspective, to probably do the things that you as a mediator do in terms of trying to see that there are more facts, feelings, emotions, perspectives, to be a little more curious. And so she helped me through that process.

Discovering Coaching Through Personal Crisis

And I realized this is just a whole new level of more amazing skills even beyond what I already was doing with teaching communication skills for clinicians dealing with family surrogates and patients. So I decided to go back in the pandemic to go get additional training and understand how to make curiositybased questions that really expand an open diversity of thinking. Right? Because that's really what coaches do. Aside from holding you accountable, they also begin to question in a safe way the things we've always created as assumptions. There are a lot of assumptions that we hold as individuals and they come as a natural process of our development and they're okay. It's okay to have your lived experience, your traumas, your culture, your gender, all of your identities are great. You're a unique human and we also accept a lot of society's things. And so through coaching, we often question, explore, own discard and take on new versions. Right? So, we often use coaching whenever we are in a place where I can't get any further with what I've already learned.

And that's why people always get a little confused, right? Like, well, what do teachers do? What do mentors do? What do sponsors do? Coaches move whenever you need to push against just yourself where you are the only other thing left.

There isn't probably no other no mentor could tell me how to get through a divorce mediation in the pandemic when I was opening the co ICU and dealing with all the things right no mentor can mentor that it's a unprecedented time and so it was the coach who actually helped me through that process and that's how I discovered coaching wow there's so much in your journey that's just incredible I love that you were in an incredibly stressful situation going through divorce in the unit during the pandemic and I think there are a lot of people who would have that experience and rather than taking this path of becoming curious about this journey being curious about developing this skill set a lot of times people would have said you know what it is what it is I'm going to survive the process but I'm not going to grow through it and so the fact that you were able to take this experience and not only use it as an ability to improve your own communication You also made it a way to become curious about where other people were in this journey. And I think this is one of the cornerstones to conflict is this idea that my perspective is mine. It is the product of my lived experience. It is my worldview. It is the lens through which I appreciate the world around me. And I love how you say that. That's part of who we are. It is part of our identity. But to be able to have the metacognition to question that, >> to say that I'm actually going to sit here and I understand that my lens might need some polishing and I'm going to get someone to help me to do it.

>> I think that is one of the absolute keys to developing conflict skills and management. So, I love that you unfortunately had to go through all of that, but you built this really amazing skill set. When did you discover vital talk and when did that become something that you became interested in and trained with? >> Yes. So, Vital Talk actually has been instrumental really the cornerstone majority of my entire academic career. I discovered it back when I was junior faculty. I think back then we were just revising the curriculum. So really pretty much that first year as faculty I began my mentor was Bob Barnold and he is one of the founders of the nonprofit Vital Talk. And so back then, you know, the evidence already was quite large for training oncologist and pal of care physicians on how to teach communication skills and how do you pay it forward so you create an army of teachers of communication skills. And so there are hundreds now of all specialties and disciplines with vital talk who do teach communication skills in different ways, right? So they actually have a DEI module, they actually have a pediatrics, neonatal, nephrology, critical care. There's so many different specialties now represented. Nursing and other, you know, chaplain and social workers.

Everyone is welcome at Vital Talk because everybody communicates in some way in the healthcare sector. So really, it really was the foundation for much of my simulation communication skills training to do the Vital Talk faculty development program. They have a robust faculty development program. It is not for the faint of heart. And

at the same time, if you really want to be well, as you and I both know, it is worth that investment in time and practice and mentoring and observation and feedback and recording yourself and listening to yourself and wondering. This is no different for people who get voice coaches and speaking coaches. It is that entire process of trying, learning, doing, and then seeing what other people think and then also just hearing yourself and then asking for that deliberate feedback. actually that needs to happen to I'm working on this and can we just get that part good first and then move on to the next problem. So you've not only developed the ability to communicate, you've developed the ability to grow in your own method of communication, be able to critique yourself and actually see where you can improve in your communication. I love that this is an ongoing process. I feel like all of us need to be reminded that as we're developing these skills, they don't just pop out fully formed. that we're constantly improving, refining, and the more experience we have, the better we get at those things.

VitalTalk Training and Communication Skills Development

You mentioned mentoring, and I know that as an instructor, you're teaching residents, faculty, you're teaching junior faculty as well. What are some things with communication that you really find maybe they didn't get earlier in their training or you find you really have to focus on as you work with them? You know, I think what's really interesting, there are some people who see really great role models and they know it when they see it, right? So during the interviews for people coming into fellowship, they're like, I really want to do critical care because I had a really great intensivist who showed me how important it is that communicating at the end of life with families. I mean, that's what they're going to remember. Or they themselves were critically ill because right because many of us got sick with COVID. So they themselves actually had their own critical illness story and now are want to go into the field and a lot of the memories are actually related to communication and whether that's medical errors whether that's things done well whether that's disclosures and so that's what the good stories and I think the other opposite lens is when they don't see things go well and they can begin to compare and contrast and they realize there are a range for how I want to be or how I don't want to be as clinician and so I think what's hard is not everyone is comfortable just like not everyone's comfortable with a particular procedure in certain fields or not everyone loves to teach about I don't know fill in your blank sort of physiology you have to find the right people who that's the thing they like to talk about how they can deconstruct it and just like most teaching it's deconstructing noticing making it a micro actionable thing you can do whether it be pausing more using different words finding different words sentence structure rehearsing it outside the room, having a strategy, having a pneummonic for how you might communicate. It's just these funny little muscle things. And we talk about the fact that this toolkit of your words and your verbals and your non-verbals. You do need someone to observe you to tell you that you're really good at this. Keep doing that. I don't know if you knew that, right? I know that you make great eye contact, for example, or you lean forward right when you're supposed to. Keep doing that. Or you really use silence or pausing just at the right moments. Keep doing that. And then also sometimes, you know, noticing that if it's not received well, right, the data is always with the other person. Sometimes it's really nice when you're in the heat of the moment, you can't actually notice what's happening because you're just so engrossed in the conversation. It's nice to have the other friend along with you just to notice, hey, I noticed that the other person leaned back, you know, like there was a facial expression. And when we're talking, it often just goes right past us. It's nice to have that friend in the room whenever you're talking with another person just to be able to say, "Hey, just want to let you know what I noticed because it's data that we missed." >> And I love that you're encouraging them to collect that data. And you have different perspectives. You may be the person talking. You may be the person observing. And the person who's talking when they have that feedback from the observer, it's like, "Okay, these are things that I can work on. These are things I did well. These are things that I can improve." But I'm also willing to bet as the observer, you're learning from the person talking. And you're also, okay, I love how this person did this. I love how she leaned forward. I loved how she made this eye contact.

Those are things I'm going to emulate the next time I have this conversation with a patient. I think the experience of being the observer also becomes very, very educational. One of the things that I love that you talk about especially with your coaching and I think this goes handinhand with your training young people. A big thing right now for all of us right now in medicine especially if we have medical students or residents is helping them develop a team mentality. We grow up in a silo in medical education. You know our braids are our own, our residency is our own. We're competing for positions in the match. So all of a sudden we get into clinical training and we're expected to learn how to work in teams. And this is something that I think is a little foreign to my generation. It wasn't something that was encouraged, but I think now the younger people that are coming up, we all recognize how important it is to

work as a team. And one of the things that I think you do so beautifully as a coach is you look at coaching as a system. You're looking at the entire ecosystem that you're coaching. What do you look at if you're coming into an organization and you're the coach and you're helping to build resiliency and communication within this organization? What are some things that you look at initially going into this process?

>> Yeah. So, with our systemic team coaching that we do at transforming, the reality is we're trying to help people understand where they are in the entire ecosystem. We hear a lot of these narratives right on you know TV public media where there's always like from a particular perspective it's the system's fault and there's only one way to do things and we often see this right even within our own groups right as we work with another specialty well they want that and we want this and there's a lot of us them feeling and yet at the same time we have four specialties consulted on one patient and it gets very complicated very quickly whenever we have all four teams trying to make a cure plan together because we often are only seeing things from just one view.

And this happens on a daily basis in terms of we think this, they think that, it's always very antagonistic. And so when we think about how that translates even to them, policies, how things are organized, supply chains, collaborative projects, throughputs, ways that we can work quicker together, especially for ICU, surgery, emergency medicine, right? So that's one whole throughput line that to in order to cure for a trauma patient from injury entry into the doorway all the way home. There's a lot of people who get involved. There's a lot of different teams that get involved. And so with our systemic team coaching, we're really helping the leaders of those teams in different areas of the entire organization begin to think more willing to collaborate with each other and understand from another perspective so they can actually leverage become more efficient together.

Teaching Communication Through Observation and Feedback

We often work with leaders first because they need to be aligned with their own internal team and also once they're in internally aligned and can begin to imagine because one exercise we do which is the 13th chair meaning there's an extra person in this room as we make a policy decision as we make a clinical service line decision who else's perspective have we not considered right we often never think about that there are unintended consequences because we never actively go looking for our blind spots we just I think we got the right stakeholders and so I have the chief nurse, I have the chief physician, I have the chief a you know I have one, you know, someone you one person and then when we go system testing right because in simulation we often system stress test a new system build get readiness for stroke activation like things like that and then we're like oh we really need to involve public affairs and the police because apparently this elevator is locked and the only people who can unlock this elevator would be public safety right like someone else in the building, right? There's all kinds of things that we often don't use this systemic model to think about even the ecosystem of one building, but that even that one building, I argue, you're part of a larger healthcare system. And the healthcare system now is often multi-state, multi-outpatient and impatient. There's so many ways within an organization that the systemic model, the systemic team coaching really needs to be evolved because you can find places where you can become more aligned so that people can work better and faster and have greater places of communication and feel more empowered.

You're doing things together. Oh my gosh, I love that so much. So, there so many things about that that I love. The first one is this idea that you're using simulations to actually get this very big picture on all of the stakeholders because so often I think in developing system resiliency but also kind of helping organizations learn about conflict as they start working on conflict or they have a conflict that's already existing they may see two or three individuals they see as stakeholders. They don't understand that the nurses also suffer, the patients also suffer, the physical therapist coming through is going to suffer, that there are so many people who are impacted by this one conflict that they thought they might only be two or three people.

>> It very often to me makes people more invested in the process of seeing the system become stronger because the majority of people when they realize their conflict has affected somebody else in that way, I didn't mean for this person to feel this way. I didn't mean for my thing to overflow onto this other person and then when you broaden their big gaze and they realize I think it invests them in the process. So I love that you create that through simulation you're showing them there are all these other stakeholders that you didn't even think about that are invested in what you're doing right now. But the other thing that I love that you said is that you're using your processes to build more alignment within these structures that as people see where they're aligned, not where

they're opposed, where they're aligned, that they see how much stronger this communication becomes and they actually start to function more effectively as a system. >> I love how you're using a simulation and you're using your systems to do that. One of the systems that you use in your coaching has an acronym which is a ND and tell us about that.

>> Yeah. So when we think as coaches, you know, how do people get through that arc of transformation? We start with awareness. And it's really interesting to me because some people don't actually want to be aware. Some people are not so happy when I say we're going to start with like a online assessment of your energy levels. And so we have a proprietary assessment called the energy leadership index. Many coaches use different types of assessments. Some people use personality based assessments. We have two different ones.

One's a personality based, one's an energy leadership based one. But there's all kinds of assessments that people do just to either figure out what's going on your organization. We some of them use 360s to figure out how everybody is perceiving everything. There are also team based systemic team based assessments on whether this is a high value team in terms of how they're functioning. So, you got to know where you are first before you can begin to imagine where you're going to go. Because sure, everyone can have the same goal of being a highly loving, caring organization with billiondoll impact and revenue that serves the community and gives back, you know, half of it with charitable impact with some other kind of philanthropic arm that everyone can have the same goal. But when you assess where you are, not every organization can get there as fast, right? And your strategy is going to be different depending on what your capacity is, personalities and talents that are actually on the team in terms of what's working, what's not. And so assessments is key first, whether you're working with a team or with an individual.

Systemic Team Coaching and Organizational Alignment

Once you know where you are and can reflect how it shows up in the daily actions, behaviors, and thoughts either as an individual or how does it exhibit as a team? Because the team can probably pretty agree that when we're behaving like this, this is what it looks like. When we're behaving like this, this is what it looks like. Because when you look at your scores, our usual question next is and how can anyone give us an example of what that might look like or how do you feel it? You know, how do you think it? How do you act on it? And people use and give some kind of example. And then once you know where you are now, then we think about, well, what do you want to switch? So, okay, these are your scores. You understand your scores. Different people respond differently, but like, well, this really bothers me right now. And so, I really don't like that score, and I want to change that. that I need to fix that because this is what's actually messing everything up this one particular thing and so okay great so how are we going to get there and then we explore and we unpack and imagine new ways whether it's data action sometime it is just a thought often times it's just people's mindsets and like they actually begin to say all the negative mindset and then we have to challenge them on it and how true is this and they're like no I am not a failure or an imposttor or not qualified I'm like great so how can we interrupt a cycle and so we have to think about new actions all the time and they could be small little new actions or they can be big new actions right for some of our clients it's actually I'm going to go get an MBA I'm going to go you know two years just like you know yourself I'm going to go off and do the thing for a while and I'll be back whenever that's the time so the new action can vary person to person and then once that new action is taken oftentimes just like sustained weight loss just like managing through a big health concern a big financial concern It's going to take deliberate attention to it, right? Because habits take a little while to form and we often fall off into our bad habits again that we had before because somehow that habit loop trigger served us in some way before we can easily fall back into old patterns. We just have to it's hard to make a new one. So just to think that two or three coaching sessions are going to somehow miraculously everything will be better is sort of hilarious, right?

Because any of us who've done major transformational change, it does take sustained attention, accountability, strategy, and then it is a habit, right?

So then what's interesting for me is even just watching as people change, some things we don't talk about anymore because it is now newly ingrained upon them, but then we all move on to a new thing, right? Because once you've discovered something great and you've changed it for yourself, it's kind of addictive. People come back and they're like, "Let's move on to the next thing." things and then they take on another thing off that assessment like let's

move on to this. I'm like okay let's move on to that. So obviously that varies per person, right? For some people they're like great, six months I made my whole career pivot, I'm good, we'll just keep in touch and then they're great and then it might just be the thing they need, right? So career transition doesn't go on and on, right? But big system level changes especially at the team level easily need six months to a year depending how dysfunctional a team is and the quicker they are willing to accept the assessment the quicker they're able to move on. I mean, I think that's the hardest thing that I think for most people to really stomach. How stubborn are you? Because if you're willing to even be willing to open the mind a little bit and like begin to see could there be a different way then you actually are going to be faster for transformation. It's the people who are very recal and I think some people have labeled or have they called sometimes just not willing to change maybe just isn't bad enough. I think everyone's willing to change if it gets bad enough for themselves. It's just that's the question. I love that. I love your process beginning with awareness that you have to know who you are. You have to be able to confront those things. I think when I first got coaching and I a 360 assessment, I remember crying the first time I sat down with that because there were a lot of things that I was looking at on the 360 and it's like, wow. Okay. But then you take a deep breath. It's like, okay, well, this is where I'm starting from. And as you start to realize, I can only get better if I open my awareness. I can only improve. this is only up and the hardest part of course is that first step of actually being willing to be assessed and actually look behind the curtain which I think like you said it's really hard to be open to that but once you do I think you start to see all of the benefit there that can come. I think one of the things that's also so awesome about what you do in terms of helping organizations become more resilient and become more aware is in my world sometimes I don't see people looking for this kind of help and all the wonderful things you're offering until something catastrophic has happened. Right? There's been a horrible outcome and generally with the horrible outcome has been this how did we get here and then as we're going back through all the conflicts that led us to this horrible outcome. You see the breakdowns in communication that have been there for years. You see the people that have been so entrenched in their silos that they haven't understood how to function as a team. Part of what you do that I love is that you help people begin to work on these processes before they become catastrophes. But occasionally, I would bet that sometimes you don't get those calls until something really catastrophic or something really bad has happened. But then all of a sudden, when that happens, that's when people are sometimes more open. I hate to say that, but sometimes that's when people become more open to embracing this process.

>> One of the things that you also talk about, and I love how you address this, is this concept of cognitive flexibility. What is cognitive flexibility and why is it important to this process of coaching? So I think the part of cognitive flexibility really is about being able to task switch and set switch. And so the two definitions relates to you know when we think about learning especially in the ICU there is some thought about the fact that we're working in pretty highly complicated environments. And so it's a lot of overload and whether that's going to be to how can you process from a sensory perspective and when you get overloaded you have to be able to recognize is how to slow down so that you can catch back up and speed up again. And so if you don't have that degree of awareness for your own cognition that's when people make mistakes. And so we think about this in the competencies when we're teaching and we're learning. What that looks like from an educator perspective is that you know do they learn right from self mistakes and do they have a process to reflect and talk with others and learn from the process. But that's a really global sort of fuzzy holistic from down all the way more from the thinking perspective.

Coaching Framework: Awareness, Assessment, and Change

It's whether you can focus and then switch and be willing to just let go of a prior preconceived notion, right? a prior bias, a prior willingness to actually just like you said in the beginning, change the color of your sunglasses. And that's actually how I talk about the different levels of energy. It's like these are all different ways you can respond when presented with a reality. We all have choice and agency for how we want to show up that day in that situation. If you're hungry and hurt and traumatized, you probably are going to choose what we call level one, which is just hide, don't say anything, don't speak up, and just keep your mouth shut. Then you also might be level two, which is angry, defensive, and just will lash out at somebody. You also could just be like, I'm just sort of neutral. I'm going to survive this just by being sort of like non-confrontational, but I also am saying yes to the not right situation we have right in front of us. Then there's people who are going to get up and care about the situation, which is going to be to nurse and figure out how to be compassionate to the people and actually give to the situation. Then there's people like, well, yeah, this is a huge problem. We had a horrible error and this is an opportunity for us to finally do the right thing, make the policy change, do the education and bake into the system so it doesn't happen again.

Right? So people as you hear this story, you can sort of see, oh yeah, I've seen this in my organization before and we just show up. We can choose how we want to do it. And I want to say that also none of these are wrong or right.

Doesn't mean the person who wants to hide and keep their mouth is any more right or wrong than the person who sees the opportunity. They're just in the moment different ways to hear, feel, and see with the situation. At the end of the day though, at some point, you have to be flexible enough to rise up, right?

So, and part of the reason why you said you're amazed by how I was able to kind of get through all such stressors in 2020, but it's also because I teach the well-being curriculum and I know a lot of the trauma-informed literature is that trauma can be a permanent scar or it can be the greatest thing that ever happened to you. And you have a choice on how you have your trauma become the best thing that ever happened to you because then you have those skills of whatever it is. And people don't really realize how to turn their trauma into superpowers. One of the biggest things is having this flexibility to say, "Okay, that's what happened. It's okay that it happened.

And then what am I going to do differently? And can I just try on other people's way of being?" I often tell like even in our communication skills, you're just trying on out other people's words. And so in our learning labs, you know, people will say the same sentence over and over again because they're just trying the sentence on for the first time because they really like their friend's sentence. I'm like, great, try it on. And they're like, "Okay." And they do and then it comes out weird the first time. That's okay, too, because eventually you do your own intonation. You do your own cadence. You add on a different jargon so that it becomes more relaxed how you want to vibe. Oh, I love that so much. I love how you're encouraging the concept of agency as I have the ability to choose how I respond and show up in this moment. And part of that choice is acknowledging what's going on inside of me. Do I need a Snickers bar? Have I had no sleep? Did I have a fight with my spouse? Did my kid do something that really bugged me today? Which of these things is in me right now? and being able to acknowledge that in some way, but also able to choose my agency in terms of how I show up in the midst of all of that. But the other thing that I love that you do, especially as you're talking about doing these simulations, is as people are trying on these different phrases. And this something we definitely do working with conflict too, is this idea of doing role plays and actually scripting and practicing. When I'm in a fast-paced situation and I have a conflict brewing, you have a patient that's crashing, you know, they're in the ER or they need to go for a stat laby and everybody's going crazy and I see people start to escalate. What can I do to actually stop this process from escalating so we can get the patient taken care of? And I have stock phrases that I have. It's like, can we just take a sec? I mean, this will roll off me because I use it to get everybody to bring the room down and then we can actually pause and we can assess what's going on and give them a safe space to do it. You're actually creating this environment where they can try it out. It may not feel good to you right now, but say it a few times and then as you say it a few times, if it starts to feel good to you, try it out in real time. And I think the fact that you give them the space to do that is so powerful for them. Yeah, I do think the use of the improv actor really across medical schools. I think what's really to me the saddest thing is I think once we're in practice all of the luxury I mean it costs money to run all of these training programs medical schools using improv and actors to be able to help with the communication because it's so critical in those early years right but then once we're in practice for some reason they think we never need a dose of training again and yet I think we all need that right because if anything we need the stakes are higher and we need to continue to role model what it needs to be and it's really sad when you go back and teach first year medical students, they have so much empathy. All of their sentences are so amazing. You realize what has happened to me in the last 10, 15 years that it doesn't just come off so easily, right, with the non-verbals because they're closer to having the hidden curriculum of healthc care make it evaporate. And so hopefully we can all be champions of pointing out when it's gone because I think we often also don't reinforce what's going right. My mentor, Dr. Arnold, we know he talks about the fact that in some ways education is somewhat like dog training.

How do we get the dog to sit? We actually praise them, right? We praise them and give them a treat to be able to say, "You did the right thing. Good job." If fact, everything often our workplace is the opposite. No news until something goes wrong. And so all we're reinforcing is sort of like a negative culture rather than thanks for doing the right thing or thanks for speaking up or thanks for apologizing when you were rude. like I'm glad you recognize it and no harm done. Thanks for just apologizing to each other.

Cognitive Flexibility, Agency, and Role-Playing Practice

It actually just happened to me the other night when I was on call and I'm like yeah no big deal like I didn't feel anything from it and thanks for apologizing because we all I mean you've been in the operating room for 12 hours like I would be tired too so it's okay. >> So >> yeah. >> Oh I love that so much and I to 100% agree with you. One of the great things to me about teaching medical students is getting that kind of being able to see that in them, seeing the empathy, seeing, you know, that they genuinely want to be physicians and they want to be a part of our system. And I think that's always inspiring. And every time every time around medical students, I come out of that interaction feel like, okay, dang, yes, this is the reason why I'm doing this job. I want to be that kind of energy. But there was something else that you said that I really want to come back to, especially as an educator and working with students, residents, even junior faculty and even our colleagues. I teach martial arts and one of the things that I always used to do when I taught martial arts classes, even because I've done this for a while, is every single student in that class that day, I would say one positive thing to them before they left. At some point during the class, I would say, "I love how you're holding your hands. I love how you're doing that kick." That was a great sparring round that you had and every single person during that day got one positive comment. Now sometimes you got to look if someone's really struggling on a certain day. You got to really find something. It's like but you find one thing and even if you give them four or five things they have to work on they've left that day with one thing that's positive. And what will they say when they leave that class? That was a good class. They will leave that class feeling good. And even when you're seeing patients in the office, I will try to find one thing. Your nails look really cute. I love your nails. I love your shoes. I'm really proud of the fact that you took your medicines on schedule. I'm really proud of the fact that you actually kept this followup and we got this checked out for you. But you find one thing and it helps people buy into whatever it is you're doing with them, whatever process you are working on. When you give people that little bit of positivity, they will come back and they will also have the sense that whatever it is that you're working on for them or with them, it is to their benefit and they will buy in so much faster. So, I love the fact that you emphasize that. >> That's >> Yeah, that's really a teaching point in general. Just can you notice what's gone well? One thing for every student. That's actually not so easy. And I just think now again of all the elementary school teachers, right? because you do need to do that because otherwise you get demoralized like why do I even come here I get nothing right zero out of zero it's horrible and so just noticing that we all have to be just be better observers really teaching in many ways is just noticing what's gone right so that we can keep doing it because otherwise it might just go away absolutely no I agree with you 100% so you are working with a group of physicians and you're working on their communication skills What's one skill that maybe every physician should try to master or maybe work on as part of their skill set? One communication skill. So I think for some people they also call the buckiveness into like the active listening sort of process, right? Which is just not responding in the way that you think you're supposed to respond, which is I need to give you my perspective or give you another fact. It's really just recapitulating. Did I understand you correctly? Right? So, it's a oftentimes either the summary or it's like I heard you say or what I'm noticing and trying to be a more active listener in just summarizing what you've just heard because that helps you get into alignment very quickly, you know, in terms of whatever it is that you're given from a patient's perspective or surrogate's perspective. And then being explicit about transitioning, right? Is like would it be okay? Always asking permission. Is it okay if I talk about this? Is it okay if I give you the serious news? Is it okay if we now talk about what I'm worried about? Is it okay? We give control back to the other person actually in that sentence because we often don't. Okay, nobody likes to be bulldozed in a conversation, right? This is also why mansplaining is also very uncomfortable for many people in a room because it's like I didn't ask for you to repeat and reexlain everything I just said. I needed you to acknowledge and hold and verbally restate what I just said so that I know that you heard me.

And so I think that will go a long way in general, the active listening techniques that lots of different communication teachers talk about. I love that and you're absolutely agree with you that is one of those things in terms of building alignment. The idea of being a good listener, being a reflective listener, and actually participating, listening as a participatory activity and not a passive one, I think is tremendous. I love that so much. And what you just said, I love this. And I'm going to start applying this Monday that is it okay if I cuz that's one of those things that honest to goodness, Lillian, today that's something I would have used today with a patient. I actually would have used that today and that's something I'm gonna start incorporating. So, thank you for sharing that because I love that so much. So, before we close, what's one thing right now as you're doing your work, not just as a clinician, but as a coach, what's one thing you're seeing right now in healthcare that gives you hope for our health care system and our physicians?

Active Listening, Hope in Healthcare, and Closing Remarks

I would say probably is just like you said with the medical student is really just the people right the people really are there for all the right reasons you know no matter what role you are or whether you're in leadership or not in leadership people are there for the right reasons at the end of the day which is to make people better to make the system better to be able to advance science technology delivery I mean no matter where you are what you're doing you're there for the right reasons and I think the heart right the heart of healthcare really is still the backbone of what it is and then there's always like funny incentives and structures and errors that can happen along the way but if we focus on the people and this is why I think the reality is probably for the I've always been a people focused person right obviously as an educator but even this next phase of my career in the coaching is really about developing the people because without that I mean yes AI is going to take over some of the tasks yes we become more productive in some ways we may become more accurate in some way may even be smarter in some ways because we'll have the additional brain of an AI bot with us. But at the end of the day, it's still going to be people on people, right? No matter how you look at it. So, I think this is the people in healthcare.

>> I love that. Lillian, thank you so much for being here. This has been amazing. If people want to reach out to you, if they want to know more about your healthcare coaching, if they want to know more about what you do, how best would they reach out to you? Yes, you can email me at hello@transforminghealthcarecoaching.com, which I know is a little long. Or you can find me on LinkedIn. LinkedIn is my favorite social media location. I post every single day. It's my favorite place to be. There's lots of really great humans out there on LinkedIn. But if you're not, we're also on YouTube. We have a podcast, Transforming Healthcare Coaching Podcast on Apple, Spotify, YouTube. And honestly, if you want to get closer and just kind of hang out with whatever we're up to, we actually have a small little community called Med Thrive Connect. And I'll provide the link for the show notes where you just sign up. You'll get free information just on our podcasts, our live LinkedIn webinars, and just get close so you know what cool interesting things people are doing in healthcare to help healthcare professionals be better humans. >> That sounds incredible. And we will put the links to all those in the show notes. Lillian, thank you so much for being here. This has been incredible. >> Thank you so much for having me. the work you're doing is really amazing and important because I think people don't really realize how much communication really is what empowers majority of what we do. Yes, we went to and studied for a long time but how I guess actualize is the precision by which you communicate and that's why your podcast is really amazing. I appreciate you and I appreciate the fact that we've had so many generous people who have given their time and their talent and their energy to helping people see into how these processes make us better doctors.

So, I appreciate you so much. Thank you. >> Thank you. >> And for all of our peaceful warriors who joined us today on the scalpel and sword, until next time, be at peace. >> [music] >> Every episode is an invitation to speak, to negotiate, to choose. I'm Dr. [music] Lee Chararma. Join the dialogue by subscribing to Scalpel and Sword. Until next time, peaceful warriors. May your choices [music] be sharp and your voice be even sharper.

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